

ALWAYS WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
If more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 118  
Registered No. 6

## 1. PLACE OF BIRTH

County Gila State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. Full name of child

Thomas Wayne Rogers  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed

3. Sex Male 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Legitimate \_\_\_\_\_ 8. Date of birth Feb 14, 1932  
(Month, day, year)

9. Full name of FATHER Carl Rex Rogers

18. Full maiden name of MOTHER Myrtle Cole

10. Residence (usual place of abode) (If nonresident, give place and State) Hayden

19. Residence (usual place of abode) (If nonresident, give place and State) Hayden

11. Color or race White 12. Age at last birthday 33 (Years)

20. Color or race White 21. Age at last birthday 35 (Years)

13. Birthplace (city or place) (State or country) Prima Arizona

22. Birthplace (city or place) (State or country) Rockdale Texas

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copier mill

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Home

16. Date (month and year) last engaged in this work 2-1-32, 1932

25. Date (month and year) last engaged in this work 2-1-32, 1932

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation \_\_\_\_\_ {months or weeks} 29. Cause of stillbirth \_\_\_\_\_ {Before labor or During labor}

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at 11:30 a.m. on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles R. Quirk (Born alive or stillborn) \_\_\_\_\_

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

or \_\_\_\_\_ Midwife Address Hayden Ariz

Filed Feb 17, 1932 W. J. Neal Registrar

392-214-435